

Name of Disposal Facility Munn Contracting Co.
Location 52250 W. 8 mile Rd Lyon Oakland
street address city township county

Name of Operator Munn Contracting Co. Address _____

Property Owner Phillip Anderson Address 52250 W 8 mile

Municipalities from which refuse received Detroit, Redford, Liv

Type of Facility: ☐ Incinerator ☒ Sanitary Landfill ☐ Hog Feeding ☐ Other _____

US EPA RECORDS CENTER REGION 5



(specify)

419015

() indicates compliance

(x) noncompliance

(-) does not apply

GENERAL REQUIREMENTS

Origin of Waste: generated on premises _____ delivered to site ☒
Type of Waste: general _____ residential _____
commercial _____ solid ☒ liquid _____
Plans and Specifications: plan on file _____ layout operation conforms to plan _____

SANITARY LANDFILLS

protection of ground and surface water ☒
equipment ☒ emergency equipment ☒
nuisance control ☒ responsible director ☒
fire control ☒ on-site roads ☒
restricted access _____ attendant _____
dust control _____ paper confined ☒
spreading of refuse ☒ compaction ☒
cell volumes _____ period of cover 4 hrs.
final cover ☒ cover maintenance ☒
equipment maintenance _____ burning none
salvaging ☒ vermin control none
surface water drainage ☒ completion of area _____
handling and control of hazardous materials _____

REFUSE BURNERS

employee safety _____ design _____
air pollution _____ operation _____
disposal of ash _____ fly ash _____
general sanitation of plant and surroundings _____

OTHER FACILITY

specify type _____
isolation (nearest residence) _____ miles
vermin control _____ operation _____
maintenance _____ air pollution _____
fire control _____ impervious feeding area _____
disposal of days material ☒ nuisance control _____
employee safety _____ written approval when required _____
concur by Michigan Department of Public Health when required _____

Remarks

At 3 PM, 2-15-67. The disposal face appeared to be under adequate control. This cell was restricted to a limited area. The pan was having sufficient cover over the completed part of the filled cell to make a 6" cover.

It is recommended that the 1966-1967 operating license be issued by the Michigan Dept of Public Health.

Additional effort will be extended by management to control the scattered paper problem, that action will be taken as outlined in Mr. York's letter, dated 2-15-67.

Person interviewed Supr. of Munn Contracting Inspected by J. J. J. J.

Title _____ Representing _____

Inspection Date 1-19-67

Name of Disposal Facility Munn
Location 50250 8 mi Rd. Novi Oakland
street address city township county
Name of Operator Munn Contracting Co. Address 31700 W. 8 mile Rd.
Property Owner Phil Anderson Address _____
Municipalities from which refuse received Ridgford, Bloomfield Hill, Bubbly, Plymouth
Type of Facility: ☐ Incinerator ☐ Hog Feeding
☒ Sanitary Landfill ☐ Other _____ (specify)

(:) indicates compliance

(x) noncompliance

(-) does not apply

GENERAL REQUIREMENTS

Origin of Waste:
generated on premises _____ delivered to site ☒
Type of Waste:
general ☒ residential ☒
commercial ☒ solid ☒ liquid _____
Plans and Specifications:
plan on file ☒ layout operation conforms to plan ☒

SANITARY LANDFILLS

protection of ground and surface water ☒
equipment _____ emergency equipment ☒
nuisance control ☒ responsible director ☒
fire control _____ on-site roads ☒
restricted access _____ attendant ☒
dust control _____ paper confined _____
spreading of refuse ☒ compaction _____
cell volumes ☒ period of cover ☒
final cover ☒ cover maintenance ☒
equipment maintenance ☒ burning ☒
salvaging _____ vermin control ☒
surface water drainage ☒ completion of area ☒
handling and control of hazardous materials _____

REFUSE BURNERS

employee safety _____ design _____
air pollution _____ operation _____
disposal of ash _____ fly ash _____
general sanitation of plant and surroundings _____

OTHER FACILITY

specify type _____
isolation (nearest residence) _____ miles
vermin control _____ operation _____
maintenance _____ air pollution _____
fire control _____ impervious feeding area _____
disposal of days material _____ nuisance control _____
employee safety _____ written approval when required _____
concurred by Michigan Department of Public Health when required _____

Remarks

2 acres of uncovered material
refuse. No attempt to
cover to cells. Final cover
incomplete. Dumping
directly into ground water
table at time of visit.
Large open area of dump at
NE end of fill.

Operator to appear at
Oakland Co. Health Dept
within 24 hours. 1200
7600 Pal Rd. meet with
Oscar Boyer + Mr. R. Carlson
7-2-9255

Person interviewed Mike Bodnar

Inspected by Oscar Boyer + J. L. Mason

Title On site

Representing Oakland County Health Dept

Inspection Date 1-23-67

Name of Disposal Facility Munn's Sanitary Landfill
Location 50250 8 mile Rd Novi Oakland.
street address city township county
Name of Operator John York Address _____
Property Owner See previous report Address _____
Municipalities from which refuse received _____
Type of Facility: ☐ Incinerator ☐ Hog Feeding
☒ Sanitary Landfill ☐ Other _____ (spec

() indicates compliance

(x) noncompliance

(-) does not apply

GENERAL REQUIREMENTS

Origin of Waste:
generated on premises _____ delivered to site ☒
Type of Waste:
general ☒ residential ☒
commercial ☒ solid ☒ liquid _____
Plans and Specifications:
plan on file _____ layout operation conforms to plan ☒

SANITARY LANDFILLS

protection of ground and surface water ☒
equipment ☒ emergency equipment ☒
nuisance control ☒ responsible director ☒
fire control ☒ on-site roads ☒
restricted access ☒ attendant ☒
dust control ☒ paper confined ☒
spreading of refuse ☒ compaction ☒
cell volumes ☒ period of cover ☒
final cover ☒ cover maintenance ☒
equipment maintenance ☒ burning ☒
salvaging ☒ vermin control ☒
surface water drainage ☒ completion of area ☒
handling and control of hazardous materials _____

REFUSE BURNERS

employee safety _____ design _____
air pollution _____ operation _____
disposal of ash _____ fly ash _____
general sanitation of plant and surroundings _____

OTHER FACILITY

specify type _____
isolation (nearest residence) _____ miles
vermin control _____ operation _____
maintenance _____ air pollution _____
fire control _____ impervious feeding area _____
disposal of days material _____ nuisance control _____
employee safety _____ written approval when required _____
concurred by Michigan Department of Public Health when required _____

Remarks

This landfill site much improved over last week inspection.
Large area covered over now 2/3 covered. Beginning to direct trucks when to dump. 2 bulldozers in operation plus a 2 1/2 yd. dragline putting cover material over all at NW rear corner of landfill. Mr. York had a meeting with his staff on 1/24/67 doing a much better job of running a landfill. All should be in good operation by this Friday 1-27-67.

Person interviewed John York

Inspected by Oscar Boyer & L. Lom

Title Director & Vice President

Representing Oakland Co. Health Dept

Name of Disposal Facility Munn Contracting Co.
Location Eight mile Rd Oakland
street address city township county

Name of Operator Munn Contracting Co Address 31700 W. 8 mile Rd
Farmington, Mich. 48024
Property Owner Address

Municipalities from which refuse received

Type of Facility: ☐ Incinerator ☐ Hog Feeding
☒ Sanitary Landfill ☐ Other (specify)

() indicates compliance (x) noncompliance (-) does not apply

GENERAL REQUIREMENTS

Origin of Waste:
generated on premises _____ delivered to site ☒
Type of Waste:
general ☒ residential ☒
commercial ☒ solid ☒ liquid _____
Plans and Specifications:
plan on file ☒ layout operation conforms to plan ☒

SANITARY LANDFILLS

protection of ground and surface water P
equipment ☒ emergency equipment P
nuisance control ☒ responsible director ☒
fire control ☒ on-site roads ☒
restricted access ☒ attendant ☒
dust control ☒ paper confined ☒
spreading of refuse ☒ compaction ☒
cell volumes ☒ period of cover ☒
final cover ☒ cover maintenance ☒
equipment maintenance ☒ burning ☒
salvaging ☒ vermin control ☒
surface water drainage ☒ completion of area ☒
handling and control of hazardous materials _____

REFUSE BURNERS

employee safety _____ design _____
air pollution _____ operation _____
disposal of ash _____ fly ash _____
general sanitation of plant and surroundings _____

OTHER FACILITY

specify type _____
isolation (nearest residence) _____ miles
vermin control _____ operation _____
maintenance _____ air pollution _____
fire control _____ impervious feeding area _____
disposal of days material _____ nuisance control _____
employee safety _____ written approval when required _____
concur by Michigan Department of Public Health when required _____

Remarks

This operation is covering a very large area. Focus of the lifts are uncompacted and sloped out have insufficient cover material. A fire was burning at the time of this inspection. The filled areas have insufficient cover as much of the refuse protrude thru the six inches of cover. Paper are blowing over the landfill. The lifts should be done in 2 foot increments. The refuse as of this date are 10 to 12 feet in thick. This operation could be upgraded as per the "letter of intent" and the rule

and regulation of Act. 87. The burning of wood and brush was ordered to cease.

Not Approved

Person interviewed Mr. Ziska
Title attendant

Inspected by Oscar B. Boyer
Representing Robert Coleman
Oakland Co. Health &

MDPH
F. Kellomaki

Name of Disposal Facility MUNN LANDFILL CO
Location 50250 8 MILE NOU1 VILLAGE OAKLAND
street address city
Name of Operator JACK YORK Address 31700 W. 2 MILE, FARMINGTON
Property Owner PHILIP ANDERSON Address 50250 W 8 MILE, NOU1
Municipalities from which refuse received METRO- DETROIT
Type of Facility: ☐ Incinerator ☐ Hog Feeding
☒ Sanitary Landfill ☐ Other (specify)

() indicates compliance (x) noncompliance (-) does not apply

GENERAL REQUIREMENTS

Origin of Waste:

generated on premises - delivered to site ✓

Type of Waste:

general ✓ residential ✓
commercial ✓ solid - liquid -

Plans and Specifications:

plan on file ✓ layout operation conforms to plan ✓

SANITARY LANDFILLS

protection of ground and surface water ✓ ①
equipment ✓ emergency equipment -
nuisance control x ② responsible director ✓
fire control ✓ on-site roads ✓
restricted access ✓ attendant ✓
dust control ✓ paper confined x ④
spreading of refuse ✓ compaction ✓
cell volumes ✓ period of cover ✓
final cover x ③ cover maintenance ✓
equipment maintenance ✓ burning ✓
salvaging ✓ vermin control ✓
surface water drainage - completion of area ⑤
handling and control of hazardous materials ✓

REFUSE BURNERS (-)

employee safety - design -
air pollution - operation -
disposal of ash - fly ash -
general sanitation of plant and surroundings -

OTHER FACILITY (-)

specify type -
isolation (nearest residence) - APP 25 1968 miles
vermin control - operation -
maintenance - air pollution -
fire control - impervious feeding area -
disposal of days material - nuisance control -
employee safety - written approval when required -
concurred by Michigan Department of Public Health when required -

Remarks

- ① THE LARGE LAGOONS REMAINING TO BE FILLED HAS TURNED SEPTIC WITH THE RESULTANT BLACK COLOR AND ODOOR. MEMBERS WILL NEED TO BE TAKEN TO PUMP AND FILL THIS AREA.
- ② PERTAINS TO THE ABOVE WHICH IS A ODOOR NUISANCE.
- ③ FINAL COVER TO BE APPLIED BEFORE CLOSING OF SITE THE END OF APRIL/1968.
- ④ INSPECTION WAS MADE TODAY AS A RESULT OF COMPLAINTS RECEIVED 4-12-68. MOST OF THE LITTER ON ADJOINING PROPERTY HAS BEEN PICKED UP.
- ⑤ THE FILLED AREA IS TO BE COMPLETED BEFORE CLOSING OF THE SITE.

* Inert fill material will be needed two feet over existing water elevation, which will need to be established before adding inert fill.

NOTE: THERE IS MISC. DEBRIS (LUMBER, TIRES, APPLIANCES) IN THE LAGOON WHICH MUST BE REMOVED BEFORE FILLING.

License to operate, under Act #87, AM 1965 with the above stipulations added is recommended.

Approved

Not Approved

Person interviewed

Inspected by

Title

Representing

OAKLAND COUNTY
HEALTH DEPT.

Name of Disposal Facility MUNN LANDFILL CO
Location 50250 8 MILE NOVI VILLAGE AKLAND
street address city township county
Name of Operator JACK YORK Address 31700 W 8 MILE FARMINGTON
Property Owner PHILIP ANDERSON Address 50250 W 8 MILE NOVI
Municipalities from which refuse received METRO DETROIT + NOVI
Isolation (nearest residence) _____ miles

Type of Facility: ☐ Incinerator ☐ Hog Feeding
☒ Sanitary Landfill ☐ Other _____ (specify)

(✓) indicates compliance (x) noncompliance (-) does not apply

GENERAL REQUIREMENTS

Origin of Waste: generated on premises _____ delivered to site ☒
Type of Waste: general _____ residential _____
commercial ☒ solid ☒ liquid _____
Plans and Specifications: plan on file ☒ layout operation conforms to plan ☒

SANITARY LANDFILLS

protection of ground and surface water ☒
equipment ☒ (1) emergency equipment ☒
nuisance control ☒ responsible director ☒
fire control ☒ (2) on-site roads NO
restricted access ☒ attendant ☒
dust control ☒ paper confined _____
spreading of refuse ☒ compaction ☒
cell volumes ☒ period of cover _____ (4)
final cover ☒ (5) cover maintenance ☒
equipment maintenance _____ burning ☒ (6)
salvaging _____ vermin control ☒
surface water drainage ☒ completion of area _____
handling and control of hazardous materials _____

REFUSE BURNERS (-)

employee safety _____ design _____
air pollution _____ operation _____
disposal of ash _____ fly ash _____
general sanitation of plant and surroundings _____

OTHER FACILITY (-)

specify type _____
vermin control _____ operation _____
maintenance _____ air pollution _____
fire control _____ impervious feeding area _____
disposal of days material _____ nuisance control _____
employee safety _____ written approval when required _____
concur by Michigan Department of Public Health when required _____

Remarks

1. There is an odor coming from debris under the ground. Minimum cover is doubtful.
2. There have been numerous fires lately according to the fire department.
3. Depth of cell covering is doubtful.
4. Covering appears to not be completed daily.
5. Burning is stated to be accidental only.

Note: The owner of this landfill stated that it will be completed by July 1969.

☐ Approved
☒ Not Approved

Person interviewed _____

Inspected by _____

Title _____

Representing _____

Name of Disposal Facility Munn Contracting Company
Location 50250 W 8 mile Rd - Novi Novi Oakland
street address city township county
Name of Operator Munn Contracting Co. Address 31700 W 8 mile Rd - Farmington
48024
Property Owner Philip Anderson Address 50250 W 8 mile Rd Novi
48050
Municipalities from which refuse received Metropolitan - Detroit Area
Isolation (nearest residence) < .5 miles

Type of Facility: ☐ Incinerator ☐ Hog Feeding
☒ Sanitary Landfill ☐ Other _____ (specify)

(✓) indicates compliance (x) noncompliance (-) does not apply

GENERAL REQUIREMENTS

Origin of Waste:
generated on premises _____ delivered to site ☒
Type of Waste:
general ☒ residential _____
commercial ☒ solid _____ liquid _____
Plans and Specifications:
plan on file ☒ layout operation conforms to plan ☒

SANITARY LANDFILLS

protection of ground and surface water ☒
equipment _____ emergency equipment ☒
nuisance control ☒ responsible director ☒
fire control ☒ on-site roads ☒
restricted access ☒ attendant ☒
dust control ☒ paper confined ☒
spreading of refuse _____ compaction ☒
cell volumes ☒ period of cover ☒
final cover ☒ cover maintenance ☒
equipment maintenance ☒ burning ☒
salvaging ☒ vermin control ☒
surface water drainage ☒ completion of area _____
handling and control of hazardous materials ☒

REFUSE BURNERS

employee safety _____ design _____
air pollution _____ operation _____
disposal of ash _____ fly ash _____
general sanitation of plant and surroundings _____

OTHER FACILITY

specify type _____
vermin control _____ operation _____
maintenance _____ air pollution _____
fire control _____ impervious feeding area _____
disposal of days material _____ nuisance control _____
employee safety _____ written approval when required _____
concurring by Michigan Department of Public Health when required _____

Remarks

① It is essential that all refuse be completely covered with 6" of soil at the end of the days operation -
② In previously compacted & covered areas of the operation where the fill has been completed, the 6" cover material must be maintained so that refuse does not keep coming to the surface -

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
ENGINEERING DIVISION

EX-100 A & B APPROVED
For Compliance with Act 187, P.A. 1965
FEB 11 1970

☒ Approved
☐ Not Approved

with the above stipulations

Person interviewed Martin Pansal

Inspected by E. P. B. Franke

Title Superintendent

Representing Oakland County Health Dept